



FORM INS-4

2006

MAINE REVENUE SERVICES
INSURANCE PREMIUMS TAX RETURN

MRS Insurance Account Number

NAIC Company Code

Period Covered

Due Date

January 1- December 31, 2006

March 15, 2007

Name/Address:

Business Name (Line 1)

Business Name (Line 2)

Street Address and/or Post Office Box

City

State

Zip Code

CHECK ALL THAT APPLY:

- ☐ Initial return
☐ Amended return
☐ Final return
☐ Risk Retention Group
☐ Domiciled in Maine
☐ Change of name/address

Enter total assets reported on annual statement: \$, , ,00

Part A – Maine Tax Computation

Premiums:

- 1a. Accident and Health Premiums 1a. , ,00
- 1b. Life Premiums 1b. , ,00
- 1c. Property and Casualty Premiums (other than Workers' Compensation Premiums) 1c. , ,00
- 1d. Workers' Compensation Premiums 1d. , ,00
- 1e. Title Insurance Premiums 1e. , ,00
- 1f. **Total Gross Direct Premiums** (Add lines 1a through 1e) 1f. , ,00
- 1g. Annuity Considerations received this tax year (**See Instructions**) 1g. , ,00
- 1h. Annuity Considerations received prior to January 1, 1999 taxable this year (**See Instructions**) 1h. , ,00
- 1i. **Total Annuity Considerations** (Add lines 1g and 1h) 1i. , ,00
- 1j. **Total Premiums** (Add lines 1f and 1i) 1j. , ,00

Deductions:

2. Direct return premiums or deposits thereon (Schedule 1, line 1, column H) 2. , ,00
3. Dividends paid, credited or allowed on direct premiums (Schedule 1, line 2, column H) 3. , ,00
4. Premiums exempt under qualified pension plans (Schedule 1, line 3, column H) 4. , ,00
5. Other Deductions (Schedule 1, line 4, column H) 5. , ,00
6. **Total Deductions** (Add lines 2, 3, 4 and 5. Total should equal Schedule 1, line 5, column H) 6. , ,00

Tax :

7. Total net taxable premiums (Line 1j minus line .
6) 7. , ,00
8. Net premiums on qualified group disability
policies written by large domestic insurer taxable
at 2.55% 8a. , ,00 X 2.55%.. 8b. , ,00
9. Net premiums on qualified group disability &
certified long-term care policies taxable at 1%. 9a. , ,00 X 1.00%.. 9b. , ,00
10. Net premiums taxable at 2% (Line 7 less Lines 8a
and 9a) 10a. , ,00 X 2.00%.. 10b. , ,00
11. **Total Tax** (Total of lines 8b, 9b and 10b. Cannot be less than zero.) 11. \$, ,00

2006MAINE REVENUE SERVICES
INSURANCE PREMIUMS TAX RETURN

0630001

MRS Insurance Account Number _____

Part B – Retaliatory Computation*Enter the United States Postal Service two letter state abbreviation for your state of incorporation: _____*

12. Gross Premiums (Schedule 2, line 1, column H) 12. _____, _____, _____ **.00**

13. Allowable Deductions (Schedule 2, line 2, column H) 13. _____, _____, _____ **.00**

14. Net Taxable Premiums (Schedule 2, line 3, column H) 14. _____, _____, _____ **.00**

15. Premium Tax on basis of state of incorporation (Schedule 2, line 5, column H) 15. _____, _____, _____ **.00**

Part C – Tax Due

16. Enter the greater of Part A, line 11 or Part B, line 15 16. _____, _____, _____ **.00**

16a. Tax on net premiums on captive insurance companies from Schedule 3, line 10 16a. _____, _____, _____ **.00**

17. Enter the sum of lines 16 and 16a 17. _____, _____, _____ **.00**

18. Less: Estimated Payments 18. _____, _____, _____ **.00**

19. Tax Credits (Attach schedule – cannot exceed line 17) 19. _____, _____, _____ **.00**

20. Balance Due (If line 17 is greater than the sum of lines 18 and 19, enter amount) 20. _____, _____, _____ **.00**

21. Overpayment (If the sum of lines 18 and 19 is greater than line 17, enter amount) 21. _____, _____, _____ **.00**

22a. Portion of overpayment to be APPLIED to next year's ESTIMATED tax 22a. _____, _____, _____ **.00**

22b. Portion of overpayment to be REFUNDED 22b. _____, _____, _____ **.00**

2007 Quarterly Estimated Tax Election

An authorized company official must elect an annual method of reporting quarterly estimated premiums taxes for 2007. These 2007 payments may be on an estimated basis, as long as the April 30 and June 25 installments each equal at least 35% of the total tax liability for 2006 or 35% of the total tax liability for 2007, whichever is elected. The October 31 installment must equal 15% of the total tax liability for 2006 or 15% of the total tax liability for 2007. The elected method cannot be changed during the calendar year (36 M.R.S.A. § 2521-A). **Do not complete this election if this is an amended return.**

2007 Estimated tax due will be based on total tax paid for 2006 ☐2007 Estimated tax due will be based on the estimated tax liability for 2007. ☐**Affidavit and Signature**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Date _____ Signature _____ Title _____

Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-fact of a Reciprocal Insurer.

Contact Person _____ Phone # _____

Date _____ Preparer's Signature _____ Preparer's ID Number _____

Important Note: Your return must include required attachments. See page 3 of the instructions for more information.

Make check payable to:

Treasurer, State of Maine

Send check and return to:

Maine Revenue Services, P.O.Box 9120, Augusta, ME 04332-9120

Office

use only _____

FORM INS-4**SCHEDULE 1
DEDUCTIONS BY PREMIUM TYPE****For Form INS-4, Part A, lines 2 - 6**Taxpayer Name _____ MRS Insurance
Account Number _____ Tax Year 2006

	Column A Accident & Health	Column B Life	Column C Front End Annuity Considerations	Column D Property & Casualty (Exclude Title & Workers Comp)	Column E Title	Column F Workers Comp	Column G Other	Column H Totals
1. Direct Return Premiums								
2.* Dividends Paid								
3.* Qualified Pension Plans								
4.* Other Deductions								
5. Totals								

* Lines 2 through 4 do not apply to Risk Retention Groups.

Enter line 1, column H amount on Form INS-4, line 2.

Enter line 2, column H amount on Form INS-4, line 3.

Enter line 3, column H amount on Form INS-4, line 4.

Enter line 4, column H amount on Form INS-4, line 5. Attach documentation to support amount claimed.

**SCHEDULE 2
RETALIATORY TAX****For Form INS-4, Part B****Note:** This Schedule must be completed by all insurers not incorporated in Maine. All amounts must be in U.S. dollars.

	Column A Accident & Health	Column B Life	Column C Annuity	Column D Property & Casualty (Excludes Title)	Column E Title	Column F Workers Comp	Column G Other	Column H Totals
1. Gross Premiums								
2. Allowable Deductions								
3. Net Taxable Premiums								
4. Tax Rate - State of Incorporation								
5.* Annual Tax Due								

* If minimum tax applies, enter minimum tax. Do not include fees. (See Schedule 2 Instructions)

Enter line 1, column H amount on Form INS-4, line 12.

Enter line 2, column H amount on Form INS-4, line 13. Attach documentation to support amount claimed.

Enter line 3, column H amount on Form INS-4, line 14.

Enter line 5, column H amount on Form INS-4, line 15.

SCHEDULE 3
CAPTIVE INSURANCE COMPANIES
PREMIUMS TAX
For Form INS-4, Part C, line 17

Taxpayer Name _____ MRS Insurance
 Account Number _____ Tax Year 2006

This schedule is used to calculate the amount of captive insurance companies premiums on insurance written on risks located in, or received from risk members of, the State of Maine during the above period.

Type of Insurance authorized to write: _____

Name of Parent Company _____ Federal EIN _____

Parent Company Corporate Domicile _____ City _____ State _____

Insurance Premiums

1. Direct premiums and all related fees and charges 1. _____
2. Return premiums 2. _____
3. Dividends paid, credited or allowed on premiums 3. _____
4. Net direct premiums (line 1 minus lines 2 and 3) 4. _____
5. **Tax on insurance premiums** (see instructions) 5. _____

Assumed Reinsurance Premiums

6. Assumed reinsurance premiums 6. _____
7. **Tax on assumed reinsurance premiums** (see instructions) 7. _____

Tax

8. Total tax (line 5 plus line 7) 8. _____
9. Alternative minimum tax 9. \$4,000.00
10. **Total tax** - Enter the greater of line 8 or line 9 here
 and on FORM INS-4, line 17 10. _____